EXAMPLES OF COBRA SITUATIONS

				# Months	Example:		
COBRA Qualifying Event	Notice of QE	Notice of COBRA Rights	Qualified Benefici- aries	of COBRA Coverage:	If Date of QE is:	Then Date for QE is:	Date Coverage Ends Without COBRA is:
Covered employee's termination (for reasons other than misconduct) or reduction in hours of employ- ment	Employee notifies agency within 30 days of QE	Agency MUST notify all Qualified Benefici- aries within 14 days of notice of Q E.	Covered employee; Spouse; Dependent child(ren)	18	3-15-2005	3-15-2005	3-31-2005 with payroll deduction
Termination due to disability/ exhaustion of leave	Agency notifies employee within 14 days of termination	Agency MUST notify all Qualified Benefici- aries within 14 days of notice of Q E.	Covered employee; Spouse; Dependent child(ren)	29, w/letter from PERA, Soc.Sec., or Standard.	3-15-2005	3-15-2005	3-31-2005
Death of covered employee	Family member, Bene- ficiary or estate noti- fies agency of an em- ployee's death	Agency MUST notify all Qualified Benefici- aries within 14 days of notice of Q. E.	Spouse; Dependent child(ren)	36	3-15-2005	3-15-2005	3-31-2005 allowable if the employee worked in March & has dependents
Covered employee's divorce or legal separation	Employee notifies agency within 60 days of QE	Agency MUST notify all Qualified Benefici- aries within 14 days of notice of Q E.	Spouse; Dependent child(ren)	36	3-15-2005	3-15-2005	3-31-2005 (remember to then adjust employee/state share)
Terminated employee's entitlement to (enrollment in) Medicare	Employee notifies agency within 60 days of QE	Agency MUST notify all Qualified Benefici- aries within 14 days of notice of Q. E.	Spouse; Dependent child(ren)	36	3-15-2005 employee is 65 & on Medicare	3-15-2005	3-31-2005
Child losing eligibility at end of year in which he/she turns 19	Employee notifies agency within 60 days of QE	Agency MUST notify all Qualified Benefici- aries within 14 days of notice of Q. E.	Dependent child	36	Birthday is 3-15-2005.	12-31-2005	12-31-2005
Child losing eligibility in or after January of year following 19 th birthday & no longer a full-time student	Employee notifies agency within 60 days of QE	Agency MUST notify all Qualified Benefici- aries within 14 days of notice of Q E.	Dependent child	36	5-15-2005 child was in school part of this year	12-31-2005	12-31-2005 if deduction taken (remember to then adjust employee & state share for the next year)
Child losing eligibility at age 24	Employee notifies agency within 60 days of QE	Agency MUST notify all Qualified Benefici- aries within 14 days of notice of Q. E.	Dependent child	36	Birthday is 3-15-2005	3-15-2005	3-31-2005
COBRA NOTICE INCLUDES:	COBRA Election Notice		Form, "COBRA Guide," C	OBRA Premiun	ns, Return Envelope, L	ife Conversion	Form.
HOW NOTIFICATION SHOULD BE HANDLED: (Notification includes all the materials in COBRA Enroll- ment Packet)	HIPAA mandate: COBRA Notification should be mailed to the employee and each Qualified Beneficiary's home address, named individually (i.e., Dan, Connie, & Sam Smith). The COBRA Election Form may be completed in your office if it is for single coverage or if you have verified the employee is listing Qualified Beneficiaries. If the employee does not list all Qualified Beneficiaries, you must mail a COBRA Enrollment Packet for each Qualified Beneficiary to the residence address.						
FSA	COBRA cannot extend beyond the end of the current plan year for the Health Care FSA. Also, the employee must have a positive Health Care FSA balance (contributions, claims) on the date of the Qualifying Event in order to be eligible.						
AGENCY NOTE:	It is the responsibility of the AGENCY to fill out the top portion of the form in addition to the section marked AGENCY All documents are available on the BAG site http://www.colorado.gov/dpa/dhr/benefits/bag/						